

*SECTION*  
**ELIGIBILITY FOR SERVICES**

*SUBJECT*  
**Referral Procedures**

**DEFINITION**

Individuals in the SDMI HCBS Waiver Program must meet nursing home level of care. Each of the case management teams (CMT) has designated slots and will work directly with the Community Program Officer (CPO) in their locations for the management of waiver care plans and the costs of services.

In the aggregate, the cost of waiver services must not be greater than the cost of nursing facility care. If a CMT has enrollees with higher costs, the number of waiver slots may need to be decreased in order to maintain the budget of the waiver. Any decrease in slots must be approved by the Medicaid Program Manager and the CPO. It is imperative the CMTs and the CPOs work together towards the management of the SDMI waiver program per waiver site.

There are no care categories in the SDMI HCBS Waiver Program.

**REFERRAL PROCEDURES**

Responsibility and Action:

Mountain Pacific Quality Health (MPQH):

1. Screens an individual to determine nursing home level of care.
2. If the individual meets nursing home level of care, MPQH refers the individual to the Mental Health Center or a private practitioner for an assessment to determine if the individual meets SDMI criteria. The Mental Health Center or private practitioner sends the response back to MPQH.
3. If the individual meets SDMI criteria and resides in one of the approved counties, the MPQH determines if the individual requires a Level II evaluation regarding active treatment for mental illness.
4. If necessary, the MPQH refers the individual to the Mental Health Center or private practitioner for the Level II evaluation. Not all individuals with mental illness require a Level II evaluation.
5. The Mental Health Center or private practitioner responds to MPQH if the individual does or does not require active treatment for mental illness (active treatment for mental illness is inpatient care at the Montana State Hospital or inpatient care at a local hospital with a psychiatric unit).
6. If the individual meets nursing facility level of care and SDMI criteria, does not require active treatment for mental illness, resides in one of the approved counties where the

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SDMI Waiver is operational, MPQH offers the individual a choice of waivers and refers the individual to the appropriate Case Management Team. The individual chooses which waiver program to enroll in, depending on his/her needs and the availability of waiver slots.

**SDMI Case Management Team (CMT):**

1. Contacts the CMT for the SLTC Waiver program to coordinate the initial contact with the individual (due to choice of waiver programs).
2. Initiates contact within five working days of receipt of referral. Onsite visits must be made within 45 days of the referral. If extenuating circumstances prevent this visit from occurring within 45 days, the CMT must document the reasons and complete the visit as close to this date as possible.

**Community Program Officer (CPO)**

1. Works directly with the SDMI CMT to ensure the services identified in the Person-Centered Recovery Plan meet the enrollee's needs.
2. Approves the initial and annual Person-Centered Recovery Plan.
3. Monitors the total enrollments in the waiver site to ensure the costs of the Person-Centered Recovery Plans do not exceed federal funding authority.
4. Monitors wait list on a quarterly basis.

**Mental Health Services Bureau (Central Office in Helena)**

1. Maintains a data base of all enrollees in the SDMI HCBS Waiver Program.
2. Completes the annual report for the Centers for Medicare and Medicaid Services which documents the waiver has not exceeded federal authority regarding costs and number of individuals served in the waiver year.

